FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL					
OMB Number:	3235-0287					
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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		Reporting Person* ESTMENT L	<u>LC</u>								ig Symbol <u>INC.</u> [R	SG]				p of Reportin plicable) ctor	g Perso	on(s) to Is	
(Last) 2365 CAF	(Fir	,	Middle	2)		Date of /23/20		st Tra	nsactio	n (Mon	th/Day/Year)				Offic below	er (give title w)		Other below)	(specify
(Street) KIRKLAI (City)			98033 Zip)	1	4.1	f Amen	dment,	, Date	of Ori	ginal Fi	led (Month/D	ay/Year)		6. Indiv Line) X	Forn	or Joint/Group In filed by One In filed by Mor Son	e Repor	ting Pers	on
		Tabl	e I - I	Non-Deriv	ative	Sec	uritie	s A	cquir	ed, D	isposed o	of, or I	3enefic	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Execut ear) if any		eemed tion Date, n/Day/Year)		action (Instr.		Acquired (A) or (D) (Instr. 3, 4 and		5) Secur Bene Owne		ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price			action(s) . 3 and 4)			(Instr. 4)
Common S	Stock			02/23/20	09				P	Ш	419,900	A	\$23.0	37 ⁽¹⁾	51,	,562,369		D	
Common S	Stock			02/23/20	09				P		80,100	A	\$23.9	408 ⁽²⁾	51,	,642,469		D	
		Та	ble I	I - Derivat (e.g., p							posed of, convertib				vned				
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu		4. Transa Code 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Deriv Secu (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dir or (I)	nership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	e rcisable	Expiration Date	Title	Amount or Number of Shares	1					
		Reporting Person* ESTMENT L	LC																

1. Name and Addres <u>CASCADE II</u>									
(Last)	(First)	(Middle)							
2365 CARILLON POINT									
(Street)									
KIRKLAND	WA	98033							
(City)	(State)	(Zip)							
1. Name and Addres GATES WILI		on*							
(Last)	(First)	(Middle)							
ONE MICROSOFT WAY									
(Street)									
REDMOND	T. T.	00050							
KEDMOND	WA	98052							

- 1. This transaction was executed in multiple trades at prices ranging from \$22.69 to \$23.6899. The price reported above reflects the weighted average purchase price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.
- 2. This transaction was executed in multiple trades at prices ranging from \$23.6998 to \$24.08. The price reported above reflects the weighted average purchase price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

Cascade Investment, L.L.C. 02/25/2009

By: /s/ Alan Heuberger,
Attorney-In-Fact for Michael
Larson, Business Manager (a)
/s/ Alan Heuberger, AttorneyIn-Fact for William H Gates III 02/25/2009
(b)

Date

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.